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CONFIRMATION NO. 9548

<b>SERIAL NUMBER</b> 10/712,947	<b>FILING OR 371(c) DATE</b> 11/13/2003 <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2168	<b>ATTORNEY DOCKET NO.</b> SJO920030075US1
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**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> <del>23</del> 6	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>L. M. M.</i> Examiner's Signature	<i>ls</i> Initials			

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**TITLE**

Data migration system, method and program product

<b>FILING FEE RECEIVED</b> 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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